

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MG		10/20/95
O.I.P.E. CLASSIFIER			10/20/95
FORMALITY REVIEW	DM	72223	11-4-97

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	7/24/00
2	12/15/01
3	06/21/02
4	06/21/02
5	06/21/02
6	06/21/02
7	06/21/02
8	06/21/02
9	06/21/02
10	06/21/02
11	06/21/02
12	06/21/02
13	N N
14	N N
15	N N
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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